

Reilly Chiropractic

3032 Commercial Blvd.
Lake Hallie, WI 54729

Patient Name: _____
Primary Insurance: _____

Date of Service: _____

PROCEDURES OR SERVICES

	Adjustment	POS	A	B	C	D	Units	FEE
98940	Adjustment 1-2 Levels	11					1	55.00
98941	Adjustment 3-4 Levels	11					1	65.00
98942	Adjustment 5 Levels	11					1	75.00
98943	Adjustment Extremity	11	51				1	35.00
AQUAN	Not a Patient AQUA MASSAGE 15 Minutes	11					1	15.00
AQUAO	Old Patient AQUA MASSAGE 15 Minutes	11					1	10.00
AQUAP	Patient AQUA MASSAGE 15 Minutes	11					1	5.00
S8990	Maintenance Adjustment	11					1	58.34
	Exam & Consultation Reg	POS	A	B	C	D	Units	FEE
99201	Consultation	11	25				1	60.00
99202	Brief Exam and Consult	11	25				1	100.00
99203	Exam & Consult	11	25				1	150.00
99204	Detailed Exam & Consult	11	25				1	215.00
99205	Comprehensive Exam & Consult	11	25				1	275.00
99211	Est. Patient Consultation	11	25				1	50.00
99212	Est. Patient Brief Exam and Consult	11	25				1	80.00
99213	Est. Patient Exam and Consult	11	25				1	100.00
99214	Est. Patient Detailed Exam and Consult	11	25				1	125.00
99215	Est. Patient Comprehensive Exam & Consult	11	25				1	175.00
	Diagnostics	POS	A	B	C	D	Units	FEE
72010	Full Spine X-Ray 3L/1S	11					1	150.00
72020	1 View X-Ray	11					1	35.00
72040	2/3 View Cervical/S X-Ray	11					1	60.00
72050	>4 Views Cervical/S X-Ray	11					1	120.00
72070	2/3 View Thoracic X-Ray	11					1	80.00
72080	2 View ThoracoLumbar X-Ray	11					1	80.00
72100	2/3 View Lumbar/S X-Ray	11					1	80.00
72110	>4 Views Lumbar/S X-Ray	11					1	160.00
95999	Neuromuscular Diagnostic - Subluxation Scan	11					1	65.00
S3900	Surface Electromyography (EMG)	11					1	85.00
	Electrical Therapies	POS	A	B	C	D	Units	FEE
97014	Electrical Stimulation	11					1	25.00
97032	Electrical Stimulation Direct Attendance	11					1	45.00
97035	Ultrasound	11					1	35.00
97039	Combination (Ultrasound/E-Stim) Therapy	11					1	65.00
A4556	Electrodes per pair	11	SC				1	12.75
A4558	Conductive Gel or Paste per ounce	11	SC				1	5.00
A4559	Ultrasound Gel/Paste per ounce	11	SC				1	0.15
E0730	Electrical Stimulation 4 Lead	11					1	60.00
G0283	Electrical Stimulation as part of Therapy	11	GY	59			1	35.00
S8948	Low Level Laser Therapy	11					1	60.00
	PhysioTherapies	POS	A	B	C	D	Units	FEE
97010	Thermal Heat/Cold Therapy	11					1	15.00
97012	Mechanical Traction	11	59				1	30.00
97039	Unlisted Physical Therapy	11	59				1	0.00
97110	Therapeutic Exercise	11	59				1	45.00
97112	NeuroMuscular Re-Ed	11	59				1	50.00

	PhysioTherapies	POS	A	B	C	D	Units	FEE
97124	Massage, 15 minutes	11	59				1	45.00
97140	Manual Traction/Therapy	11	59				1	50.00
97150	Group Therapy	11					1	30.00
97533	Sensory Integrative Technique	11					1	40.00
97535	Activities of Daily Living	11					1	50.00
97799	Unlisted Physical Therapy/Medicine	11					1	30.00
	Strapping/Taping	POS	A	B	C	D	Units	FEE
29200	Strapping Thorax Kinesiotaping	11					1	75.00
29240	Strapping Shoulder Kinesiotaping	11					1	80.00
29260	Strapping Elbow/Wrist Kinesiotaping	11					1	75.00
29280	Strapping Finger/Hand Kinesiotaping	11					1	70.00
29520	Strapping Hip Kinesiotaping	11					1	70.00
29530	Strapping Knee Kinesiotaping	11					1	75.00
29540	Strapping Ankle/Foot Kinesiotaping	11					1	50.00
29550	Strapping Toes Kinesiotaping	11					1	40.00
A4452	Waterproof Kinesiotape per 18 sq.in.	11					1	1.00
	DME	POS	A	B	C	D	Units	FEE
A9300	Thoracic Roll Extension Device	11	NU	SC	GX		1	60.00
A9300	Wobble Lumbar Disc Mobility	11	NU	SC	GX		1	60.00
E0190	Cervical Pillow	11	NU	SC			1	70.00
E0730	TENS Four Lead Device	11	NU	GX			1	450.00
E0860	Cervical Overdoor Traction	11	NU	SC	GX		1	90.00
E0942	Adjustable Head Harness	11	NU	SC	GX		1	90.00
L3332	Heel Lift Inside Shoe Tapered	11	NU	GX			1	45.00
	Other	POS	A	B	C	D	Units	FEE
99075	Telephone Medical Testimony						1	75.00
99080	Special Report/Restriction Form/ Insurance Form	11					1	10.00
99354	Prolonged Service w/ Direct Contact each Half Hour	11					1	145.00
99358	Prolonged Service w Direct Contact First Hour	11					1	155.00
99401	Preventative Medicine - 15 min SUA	11					1	25.00
99402	Preventative Medicine - 30 min.	11					1	60.00
99455	Work Related Exam, Consult, Paperwork	11					1	395.00
NSF	No Sufficient Funds						1	25.00
	Modifiers	POS	A	B	C	D	Units	FEE
TBD	-22 Increased Procedural Service -Report Required	11	22			+	1	30.00
TBD	-25 Significant Separately Identifiable E/M	11	25				1	0.00
TBD	-52 Reduced Services	11	52				1	0.00
TBD	-59 Distinct Procedural Service	11	59				1	0.00
TBD	NU New Product	11	NU				1	0.00
TBD	SC Medically Necessary Service or Supply	11	SC				1	0.00
TBD	GX Notice of Liability Issued	11	GX				1	0.00
	OTHERS	POS	A	B	C	D	Units	FEE
								0
								0
								0

TOTAL FEE: _____
PAID: _____
BALANCE DUE: _____

Provider Name & Signature: - _____